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RESOLUTION OF THE JOINT COUNCIL SUBCOMMITTEE  
ON CEREBROVASCULAR DISEASE CONCERNING THE  
TREATMENT OF HYPERTENSION

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At its September 21, 1970 meeting, the Joint Council Subcommittee on Cerebrovascular Disease, NHLI-NINDS, adopted the following resolution:

Several clinically oriented studies have suggested the effectiveness of antihypertensive drugs in reducing the frequency of stroke, and to a lesser degree, coronary heart disease.

The recent publications of the Veterans Administration Cooperative Study present results of a well-controlled investigation, employing random allocation of study subjects to experimental and placebo groups. Over 500 men were studied for periods up to 5 years (average about 20 months).

In those persons with very high diastolic blood pressure, the results favored the treatment group so dramatically that the investigators considered that they must terminate the study for reasons of medical ethics.

In the group with modest elevation of diastolic blood pressure, the study was allowed to run its course and also yielded results strongly in favor of the treated group.

Blood pressure reductions achieved were substantial. The disease categories most markedly affected by the treatment were congestive heart failure, accelerated hypertension, renal damage, and stroke. The results with coronary artery disease are somewhat equivocal but perhaps show a genuine reduction in sudden deaths.

The results for stroke are summarized as follows:

	<u>Treated</u>	<u>Control</u>
All events	5	20
Most serious events	1	12

Thus, not only did the treated group have fewer stroke events, but those that occurred were much less likely to be severe.

Since this represents a dramatic and extremely hopeful development in the control of stroke, the Joint Council Subcommittee on Cerebrovascular Disease, NHLI-NINDS, strongly recommends that further steps should be taken as expeditiously and aggressively as possible; namely, that a committee be convened to design studies to implement the application of antihypertensive therapy on community bases.

The Joint Council Subcommittee recommended that the above resolution be forwarded to the National Advisory Heart and Lung Council, the National Advisory Neurological Diseases and Stroke Council, and the National Advisory Council on Regional Medical Programs.

PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

Date: November 24, 1970

C O P Y

Reply to  
Attn of: NSI-OD

Subject: Council Resolution on Antihypertensive Therapy and Stroke Preventi

To: Director, NIH  
Through: Deputy Director, NIH

At its meeting on November 12-13, 1970, the National Advisory Neurological Diseases and Stroke Council considered the resolution of the Joint Council Subcommittee on Cerebrovascular Disease, NINDS and NHLI (enclosure). This resolution urged "that further steps be taken as expeditiously and aggressively as possible; name that a committee be convened to design, study and implement the application of antihypertensive therapy on community bases."

After careful consideration of the research information available and of the implications of antihypertensive therapy as one effective method in stroke prevention, the National Advisory Council unanimous recommended that this resolution be forwarded to the Regional Medical Programs Service for staff and Advisory Council deliberation. The NINDS Council asked that we urge the Advisory Council of RMPS to consider taking active steps to implement further and expand RMPS activities on stroke control; these activities might include the organization of carefully planned, community based field trials, designed to test the effect on a community basis of stroke control through adequate antihypertensive therapy.

The Advisory Council and staff of the NINDS are prepared to be of whatever assistance necessary to aid RMPS as required and appropriate.

Eldon L. Eagles, M.D., C.M., Dr. P.H.  
Acting Director  
National Institute of Neurological Diseases  
and Stroke

Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

Date: December 2, 1970

Reply to  
Attn of: NHHLI-OD

Subject: Council Recommendation re Treatment of Hypertension

To: Director, NIH  
THROUGH: Deputy Director, NIH

1. The National Advisory Heart and Lung Council, at its November 1970 meeting, considered the resolution forwarded to it by the Joint Council Subcommittee on Cerebrovascular Disease of the National Institute of Neurological Disease and Stroke and the National Heart and Lung Institute. A copy of this resolution concerning the treatment of hypertension is attached.

2. Based upon recent clinical studies of the effectiveness of antihypertensive drugs in reducing the frequency of stroke (and, in particular, the recently completed Veterans Administration Cooperative Study), the Joint Council Subcommittee recommended "that further steps should be taken as expeditiously and aggressively as possible; namely, that a committee be convened to design a study and implement the application of antihypertensive therapy on community bases."

3. The National Advisory Heart and Lung Council discussed this recommendation in detail and at considerable length. The Council accepted and endorsed this statement in principle and agreed that community-based studies designed primarily as demonstration programs should be undertaken by the Regional Medical Programs. However, the Council noted that there is a need for additional controlled clinical trials to determine the effectiveness of antihypertensive therapy in the general population and in defined population groups. Efforts to accomplish the latter are already underway within this Institute. The National Heart and Lung Institute has established an ad hoc panel on clinical trials in high blood pressure and we have received their recommendations. Furthermore, the Institute is preparing a Request for Proposals for controlled clinical trials of the therapy of hypertension in the general population.

4. We view these developments as one of the major opportunities to reduce the mortality and morbidity attributable to hypertension.

Theodore Cooper, M.D.  
Director